Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/65/3/0

CLAIMS AS FILED - PART I (Column 1) (Column 2)								5	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE] 	RATE	FEE	
BASIC FEE					L			\vdash	NAIL.	345.00	1_	****		
						T				345.00	OR	·	690.00	
TOTAL CLAIMS			21	minus :	20=	* /		L	X\$ 9=		OR	X\$18=	18.00	
INDEPENDENT CLAIMS			3	minus	3 =	*			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								1	TOTAL		OR	TOTAL	708. m	
CLAIMS AS AMENDED - PART II									•			OTHER	THAN	
(Column 1) (Column 2) (Column 3)									SMALL ENTITY			OR SMALL ENTITY		
AMENDMENT A		REM Af	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 2	.1	Minus	••	21	= -		X\$ 9=		OR	X\$18=		
	Independent		3	Minus	•••	<u> </u>	=		X39=		OR	X78=		
	FIRST PRESE	NTATIC)N OF MU	JLTIPLE DEI	PENL	DENT CLAIM			⊦130=		OR	+260=	·	
								L	TOTAL		ı	TOTAL		
									DIT. FEE		OR ,	ADDIT. FEE		
			umn 1) AIMS			Column 2) HIGHEST	(Column 3)	_	 -	4 D D L			4551	
AMENDMENT B		AF	IAINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	19_	Minus	**	21	=		X\$ 9=		OR	X\$18=		
	Independent	ŀ	_3_	Minus	***	<u>. 3</u>	=		X39=		OR	X78=		
	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEF	PEND	DENT CLAIM			100	1		+260=	/	
								Ľ	-130= TOTAL	/	OR		/	
•								ADI	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
			umn 1)			Column 2)	(Column 3)					. <u>-</u>		
AMENDMENT C		REM AF	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		(\$ 9=		OR	X\$18=		
ME	Independent	*		Minus	***	*	=	—	X39=			X78=		
⋖ —	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							H	\ <u>\</u>		OR	7,0-		
	••••				- 0	14 × 407 (m. co.		+	130=		OR	+260=		
**	If the entry in colur If the "Highest Nur	mber Pre	eviously Pa	aid For" IN THI	S SPA	ACE is less tha	an 20, enter "20 "	ADE	TOTAL DIT. FEE		OR ,	TOTAL ADDIT, FEE		
	If the "Highest Nui The "Highest Num									ropriate box	in col	umn 1.		